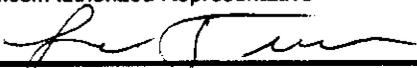




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30.
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 26935		2. Exact name of the Corporation EVER READY ENGINE AND HOSE COMPANY, NO. 2			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island FIRE HOUSE			
4. NAICS Code					
6. Principal Office Address 201 THAMES STREET		City BREASTOL	State RI	Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NONE			Vice-President Name NONE		
Street Address			Street Address		
City		State	Zip	City	
Secretary Name LOU TURENNE		Treasurer Name MARK MOREIRA			
Street Address 51 SOWANS DRIVE			Street Address 36 NARROWS ROAD		
City BREASTOL		State RI	Zip 02809	City BREASTOL	
State RI		Zip 02809		City BREASTOL	
State RI		Zip 02809		City BREASTOL	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARC MEDEERUS			Director Name JEM SYLVESTER III		
Street Address 15 ANNAWAMSCUTT DR			Street Address 326 THAMES ST		
City BREASTOL		State RI	Zip 02809	City BREASTOL	
State RI		Zip 02809		City BREASTOL	
State RI		Zip 02809		City BREASTOL	
Director Name TONY SOUSA			Director Name		
Street Address 51 TELBURY DR			Street Address		
City BREASTOL		State RI	Zip 02809	City	
State RI		Zip 02809		City	
State RI		Zip 02809		City	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative LOU TURENNE				Date 6/9/17	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUN 12 2017

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